PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE LEE Commissioner for Patents P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and FUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be made to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence actives; and/or (a) indicating a separate "FEE ADDRESS" for

maintenance for notification CURRENT CORRESPONDENCE		k I for any change of address)	Noti Feet	o: A certificate of ma s) Transmittal. This c	iling can only be used for entificate cannot be used for	domestic mailings of the or any other accompanying at or formal drawing, must
			have	its own certificate of	mailing or transmission.	it of format drawing, must
43831 759	07/02/2	007		Certifi	cate of Mailing or Transf	nission
BERKELEY LAV 17933 NW Evergre BEAVERTON, OR	en Parkway, Suite		LP I he Stat addi tran	reby certify that this I es Postal Service with ressed to the Mail S smitted to the USPTO	Ge(s) Transmittal is being sufficient postage for firs top ISSUE FEE address (571) 273-2885, on the de	deposited with the United t class mail in an envelope above, or being facsimile the indicated below.
			-	James Jaw		(Depositor's name)
			0	timaia Da	W)	(Signature)
				Septembe	(W 7, 200°	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A'	TTORNEY DOCKET NO.	CONFIRMATION NO.
09/378,398	08/20/1999		PATRICK TEO	-	012.P13003	9103
TITLE OF INVENTION: VI	RTUAL REALITY C	AMERA	*		*	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F.	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	10/02/2007
EXAMINE	R .	ART UNIT	CLASS-SUBCLASS	1		
PHILIPPE, GIMS S		2621	348-036000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form 170/SB/11/2) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev U3-U2 or more recom) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) the name of a single firm (having as a member argistered storney or agent) and the names of up to 2 registered patent attorneys or agents. If no same is 1 sinced, no name will be printed.			
(A) NAME OF ASSIGN	an assignee is identif 137 CFR 3.11. Comp. EE	fied below, no assigned letion of this form is NC	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assignee assignment. I and STATE OR CO	is identified below, the de UNTRY)	popular has been filed for
Please check the appropriate	assignee category or					
4a, The following fco(s) are submitted: 4 Susue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			D. Payment of Fee(g): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Playment by credit card. Form PTO-2038 is attached. ☐ Director is hereby authorized to charge for required fee(g), any deficiency, or credit any overpayment, to Deposit Account Number (∑3—3—3—3—3—3—3—3—3—3—3—3—3—3—3—3—3—3—3			
5. Change in Entity Status	MALL ENTITY statu	s. See 37 CFR 1.27.			ENTITY status. Sec 37 C	
NOTE: The Issue Fee and P	ublication Fee (if requ ords of the United Stat	ired) will not be accept es Patent and Trademar	ed from anyone other than k Office.	the applicant; a registe	ered attorney or agent; or the	ne assignee or other party in
Authorized Signature_/				Date 9/26/	07	
Typed or printed name _	Calvin &	. Wells		Registration No.		
This collection of informati an apolication. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 C ity is governed by 35 pplication form to the s for reducing this bur inia 22313-1450. DO 1450.	FR 1.311. The informat U.S.C. 122 and 37 CFF USPTO. Time will var den, should be sent to t NOT SEND FEES OR	ion is required to obtain or § 1.14. This collection is es- y depending upon the indi- the Chief Information Offic COMPLETED FORMS T	rotain a benefit by the stimated to take 12 mi vidual case. Any com er, U.S. Patent and Tr O THIS ADDRESS.	public which is to file (an mutes to complete, includir ments on the amount of ti- ademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.